

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000046611 (7)

1. Corporation Name

CAPSTAR HOTELS OF TALLAHASSEE, INC.

Principal Place of Business

Mailing Address

C/O UNITED CORPORATE SERVICES, INC.  
801 N.E. 167TH STREET, SUITE 300  
NORTH MIAMI BEACH FL 33162

C/O UNITED CORPORATE SERVICES, INC.  
801 N.E. 167TH STREET, SUITE 300  
NORTH MIAMI BEACH FL 33162



2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified	3a. Date of Last Report
06/22/1994	05/01/1995
4. FET Number	Applied For Not Applicable
59-3267957	
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

UNITED CORPORATE SERVICES INC.  
801 N.E. 167TH STREET  
SUITE 300  
NORTH MIAMI BEACH FL 33162

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when registered agent

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	10 BANK STREET	1.2 NAME	
CITY - ST - ZIP	WHITE PLAINS NY 10606	1.3 STREET ADDRESS	
TITLE	NAME	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	10 BANK STREET	2.1 TITLE	
CITY - ST - ZIP	WHITE PLAINS NY 10606	2.2 NAME	
TITLE	NAME	2.3 STREET ADDRESS	
STREET ADDRESS	President	2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP	Whetzel, Paul W.	3.1 TITLE	
	1010 Wisconsin Ave	3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	Washington DC 20007	3.3 STREET ADDRESS	
TITLE	NAME	3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	McCaskin, David	4.1 TITLE	
CITY - ST - ZIP	V.P.	4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	1010 Wisconsin Ave	4.3 STREET ADDRESS	
	Washington DC 20007	4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Isaacson, Howard	5.2 NAME	
CITY - ST - ZIP	1010 Wisconsin Ave	5.3 STREET ADDRESS	
	Washington DC 20007	5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	
CITY - ST - ZIP		6.3 STREET ADDRESS	
		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Howard B. Isaacson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-96

202 965 4455

Date

Day, Month, Year

CR2E034 (12/95)